Practical management of advanced prostate cancer

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Abstract

Prostate cancer is the most common cancer in men and the second leading cause of cancer death in this population. Androgen deprivation is the basis of first line treatment for advanced prostate cancer providing disease control in over 80 percent for a median duration of 18 months. This can be achieved by either bilateral orchiectomy or LH-RH agonist administration. Complete androgen blockade provides similar survival benefit when compared to LH-RH agonist alone, however with a higher incidence of side effects and thus it is not recommended as a standard first line treatment for advanced disease. Early hormonal suppression is mandatory since it reduces the risk of progression and cancer related complications. Continuous hormonal suppression is the most acceptable mode of LH-RH agonist administration. Second line hormonal manipulation has generally low response rate. It includes the addition of antiandrogen, estrogens, aromatase inhibitors or ketoconazole.

LH-RH agonists must be continued during the second line hormonal treatment and the hormone refractory phase. Two chemotherapeutic agents have been approved in hormone refractory prostate cancer (HRPC): mitoxantrone and docetaxel. Three- weekly Docetaxel and prednisone is currently the standard of care chemotherapy treatment for first line HRPC. The adjunction of Zoledronic acid should be considered for metastatic bone disease.